



**NORTH CAROLINA WESTERN
MEMORANDUM**

Date: 2/7/2018
To: The Honorable Martin Reidinger
U.S. District Court Judge
From: Patrick Bradshaw
Sr. U.S. Probation Officer
Subject: Paul Aaron Tefft
Docket No. 0419 2:08CR00031
NOTIFICATION OF DEATH

Paul Aaron Tefft was sentenced in the Western District of North Carolina by Honorable Lacy H. Thornburg on 7/29/09 to 120 months imprisonment followed by 5 years Supervised Release. This memo is to inform you that Paul Tefft passed away on 1/19/2018. I am attaching a copy of the Death Certificate. We will be closing our supervision case file on the defendant due to his death.

Should you have any questions or concerns, please feel free to contact me at 828-267-3517.

Attachment

cc: Don Gast, Assistant U.S. Attorney
Frank G. Johns, Clerk of Court, Charlotte, NC
Scott Lunsford, Supervising U.S. Probation Officer

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 002-00

LOCAL NO.

COUNTY OF DEATH Alexander

STATE FILE NO.

DECEASED
TYPE/PRINT IN
PERMANENT
BLACK, BLUE-
BLACK OR
BLUE INK

DECEASED'S LEGAL NAME

1a. FIRST

Paul

1b. MIDDLE

Aaron

1c. LAST

Tefft

1d. SUFFIX

1e. LAST NAME PRIOR TO FIRST MARRIAGE

2. SEX

M

3a. AGE-LAST BIRTHDAY (Yrs)

56

3b. UNDER 1 YEAR

3c. UNDER 1 DAY

4. DATE OF BIRTH (Month/Day/Year)

September 27, 1961

5. BIRTHPLACE (County/State or Foreign Country)

Cortland Co., NY

6. DATE OF DEATH (Month/Day/Year)

January 19, 2018

PLACE OF DEATH (Check only one)

7a. IF DEATH OCCURRED IN A HOSPITAL

☐ Inpatient ☐ ER/Outpatient ☐ DOA

7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number)

Valley Nursing Center

7d. CITY OR TOWN

Taylorsville

7e. COUNTY OF DEATH

Alexander

8. MARITAL STATUS

☐ Married ☐ Married, but separated ☐ Widowed

☒ Divorced ☐ Never married ☐ Unknown

9. SURVIVING SPOUSE (Give name prior to first marriage)

10a. DECEDENT'S USUAL OCCUPATION (Do not use retired)

Cook

10b. KIND OF BUSINESS/INDUSTRY

Resturant

11. SOCIAL SECURITY NUMBER

105-48-1213

12a. RESIDENCE-STATE OR FOREIGN COUNTRY

NC

12b. COUNTY

Cherokee

12c. CITY OR TOWN

Murphy

12d. STREET AND NUMBER

84 McGuire Street

12e. INSIDE CITY LIMITS

☐ Yes ☒ No

12f. ZIP CODE

28906

13. WAS DECEDENT EVER IN U.S. ARMED FORCES?

☒ Yes ☐ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)

☐ 8th grade or less

☐ 9th-12th grade; no diploma

☒ High school graduate or GED completed

☐ Some college credit, but no degree

☐ Associate degree (e.g., AA, AS)

☐ Bachelor's degree (e.g., BA, AB, BS)

☐ Master's degree (e.g., MA, MS, MEd, MSW, MBA)

☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)

☒ No, not Spanish/Hispanic/Latino

☐ Yes, Mexican, Mexican American, Chicano

☐ Yes, Puerto Rican

☐ Yes, Cuban

☐ Yes, other Spanish/Hispanic/Latino (Specify)

16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

☒ White ☐ Other Asian (Specify)

☐ Black or African American

☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander (Specify)

☐ Asian Indian ☐ Japanese

☐ Chinese ☐ Korean

☐ Filipino ☐ Vietnamese

17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)

Marlin Edwin Tefft

18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage)

Rose Anne Shaw

19a. INFORMANT'S NAME

Carleen Ayers

19b. RELATIONSHIP TO DECEDENT

Sister

19c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

84 McGuire Steet, Murpyhy, NC 28906

20a. METHOD OF DISPOSITION

☐ Donation ☐ Entombment ☐ Removal from State

☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

Evans Crematory

20c. LOCATION (City or Town and State)

Lenoir, NC

21a. SIGNATURE OF FUNERAL DIRECTOR

21b. LICENSE NUMBER

FD4174

21c. NAME OF EMBALMER

Not Embalmed

21d. LICENSE NUMBER

22. NAME AND ADDRESS OF FUNERAL HOME

Adams Funeral Home, LLC., PO Box 937, Taylorsville, NC 28681

23. Part I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.

Approximate interval: Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. ALS

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b.

Due to (or as a consequence of)

c.

Due to (or as a consequence of)

d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

24a. WAS AN AUTOPSY PERFORMED?

☐ Yes ☒ No

24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

☐ Yes ☐ No

25. MANNER OF DEATH

☒ Natural ☐ Homicide

☐ Accident ☐ Pending

☐ Suicide ☐ Cannot be determined

26a. WAS CASE REFERRED TO MEDICAL EXAMINER?

☐ Yes ☒ No

26b. IF YES

☐ Declined by Medical Examiner

27. TIME OF DEATH (Approximate)

28. DID TOBACCO USE CONTRIBUTE TO DEATH?

☐ Yes ☐ Probably

☒ No ☐ Unknown

29. IF FEMALE:

☐ Pregnant at time of death

☐ Not pregnant within past year

☐ Not pregnant, but pregnant within 42 days of death

☐ Not pregnant, but pregnant 43 days to 1 year before death

☐ Unknown if pregnant within the past year

30. DATE PRONOUNCED (Month/Day/Year)

31a. DATE OF INJURY (Month/Day/Year)

31b. TIME OF INJURY

31c. INJURY AT WORK?

☐ Yes ☐ No

31d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc.

31e. IF TRANSPORTATION INJURY SPECIFY:

☐ Driver/Operator

☐ Passenger

☐ Pedestrian

☐ Other (Specify)

31f. DESCRIBE HOW INJURY OCCURRED

31g. LOCATION OF INJURY (Street/Number/City/State)

32. CERTIFIER (Check only one)

☒ Certifying physician/nurse practitioner/physician assistant – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

☐ Medical Examiner – On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.

33a. SIGNATURE AND TITLE OF CERTIFIER

33b. LICENSE NUMBER

33c. DATE SIGNED (Month/Day/Year)

33d. NAME AND ADDRESS OF CERTIFIER (Print legibly)

33e. DATE REGISTERED BY STATE

34. FOR LOCAL REGISTRAR (Name)

35. DATE FILED (Month/Day/Year)

DATE CORRECTED (Mo/Day/Yr)

ITEM(S) CORRECTED:

DATE AMENDED (Mo/Day/Yr)

ITEM(S) AMENDED: